

POSITION SCREEN-OUT CRITERIA AND JUSTIFICATION FOR TELEWORK ARRANGEMENT

Employee's Name _____

Title, Series, Grade _____

Organization _____

1. Frequent face-to-face contacts or telephone communications with clients and/or co-workers is vital in performing the work effectively. YES ____ NO ____

2. Frequent supervisory review, while work is in progress, is required as a routine part of this job. YES ____ NO ____

3. Work is not of a portable nature which is required to effectively perform the project off-site. YES ____ NO ____

4. Access to technology, specialized equipment, or materials are not available at the off-site location. YES ____ NO ____

5. Job tasks are not measurable and/or project-oriented which is required to effectively perform the project off-site. YES ____ NO ____

6. Security or technical reasons prevent information from being used at the alternate duty station which is needed to perform the work effectively. YES ____ NO ____

7. Most recent performance rating is Marginal or Unacceptable. YES ____ NO ____

8. Are there any viable Federal Telework Centers available to the employee vs. working at home? If there are, and the decision is to work at home, please provide justification below. YES ____ NO ____

9. Are there dependent children or adults who will be at the alternate duty station during the times the employee is scheduled to work AND may require the attention of the employee during these times? YES ____ NO ____

10. Are there any other kinds of disturbances which would distract the employee from performing work at the alternate duty station? YES ____ NO ____

11. Are there any other kinds of factors that would prevent this employee from working at an off-site location? YES ____ NO ____

Answering YES to one or more of the above questions will normally eliminate a person from consideration in the telecommuting program. Provide explanation below if employee is screened out on one or more criteria and is still being recommended for the telecommuting program.

Supervisor's Signature: _____ Date: _____

Group Leader's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Telework Approved _____ Telework Disapproved _____